



State of Montana



BUSINESS LICENSING

**Simple, convenient, hassle-free...
that's what "one-stop licensing" is intended to be.**

One-Stop Business Licensing Guide

Page	Topic
2	About One-Stop Licensing
3-6	Business License Descriptions <ul style="list-style-type: none"> ➤ Cigarette Retailer ➤ Cigarette Wholesaler ➤ Cigarette Subjobber ➤ Cigarette Major Vendor ➤ Cigarette Minor Vendor ➤ Other Tobacco Products ➤ Off-Premise Beer/Wine ➤ Food Purveyor ➤ Nursery ➤ Weighing & Measuring Devices ➤ Underground Storage Tank Systems
5-6	Business Registration
6	Payment Procedures
6	Late Fees and Penalties
6	License Renewal Information
7-8	1 - Stop Master Application (Form MA)
9	Montana Cigarette Sales
10	Cigarette Retail and Wholesale Affidavit (Form MCIG-1)
11	Food Purveyor
12-13	County Sanitarian Offices
14-15	Application for Food Wholesaler License
16-17	Application for Food Retailer License
18	Affidavit for Nursery License Exemption (Form AFNL)
19	Off-Premise Information
20-21	Off-Premises Liquor License Application Checklist
22-23	Off-Premises Liquor License Application
24	Grocery Inventory (Form G-1)
25	Assignment (Form Assignme)
26	Fire Code Requirements and Information
27	Notification for Underground Storage Tanks

About One-Stop Licensing

**Simple, convenient, hassle-free...
that's what "one-stop licensing" is intended to be.**

During the 1997 Legislative Session, Montana lawmakers enacted House Bill 391 to begin what is known as the "one-stop business licensing" project.

The idea is simple: A business should be able to obtain or renew most, if not all, licenses, fees and permits required by state government from one centralized location.

Here are a few of the benefits of one-stop licensing:

- One point of contact for obtaining or renewing a majority of the licenses required to operate the business.
- One master form to obtain or renew these licenses, eliminating the redundancy of filling out multiple forms. Renewal forms may be completed by telephone.
- One payment rather than making a separate payment for each license. Visa and Mastercard will be accepted. An Off-Premises Beer or Wine license application requires an additional check.

One-Stop Office Information

The office is located at 2517 Airport Road, 2nd Floor, Helena, Montana.



Correspondence, completed application forms and payment should be mailed to One-Stop Licensing, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604-8003.



The One-Stop Licensing Office may be reached by telephone at (406) 444-6900.



Information or requests may be faxed to (406) 444-0722.



Our website address is:

www.discoveringmontana.com/revenue/css/3forbusinesses/09onestop.asp

Business License Descriptions

➤ Cigarette and Tobacco Products

Department of Revenue
Customer Intake Bureau
PO Box 1712
Helena, MT 59604-1712

Cigarette Retailer

\$5

Required for each location where cigarettes are sold at retail, whether over the counter or through a vending machine. Review information on page 9 and complete Form MCIG-1 on page 10 with your application.

Cigarette Wholesaler

\$50

Required for businesses that purchase and affix insignia to cigarettes that are sold to retailers. Review information on page 9 and complete Form MCIG-1 on page 10 with your application.

Cigarette Subjobber

\$50

Required for businesses that purchase from a licensed wholesaler cigarettes with the Montana cigarette tax insignia affixed, and sell or offer to sell the cigarettes to a licensed retailer or cigarette vendor. Review information on page 9 and complete Form MCIG-1 on page 10 with your application.

Cigarette Major Vendor

\$50

Required for businesses that own 10 or more cigarette vending machines. Review information on page 9.

Cigarette Minor Vendor

\$5

Required for businesses that own 9 or less cigarette vending machines. Review information on page 9.

Other Tobacco Products

No fee

Defined as a substance other than cigarettes that is intended for human consumption and that contains tobacco. Examples include cigars and chewing tobacco. Requires a retail license, but there is no charge for this license.

➤ Off-Premise Beer/Wine

Department of Revenue
Liquor Licensing Bureau
PO Box 1712
Helena, MT 59604-1712

Off Premise Beer/Wine License

Processing fee \$100

Beer \$200

Wine \$200

Beer/Wine \$400

- **Food and Consumer Safety Section**
Department of Public Health and Human Services
PO Box 202951
Helena, MT 59620-2951

Food Purveyor

\$60 to \$90 per location and owner depending on type of license.
Review requirements and fees on pages 11-17.

- **Nursery**
Department of Agriculture
Field Service Bureau
PO Box 200201
Helena, MT 59620-0201

\$95 + \$25 fee = \$120 for a nursery that earns \$3,000 or more in gross annual sales
\$30 + \$25 fee = \$55 for a nursery that earns at least \$1,000 but less than \$3,000 in gross annual sales (Affidavit for Nursery License Exemption must be submitted with the Master Application).
No fee for a nursery that earns less than \$1,000 in gross annual sales (Affidavit for Nursery License Exemption must be submitted with the Master Application).

Required for businesses that grow or offer for sale or resale any nursery stock. Also required for landscaping and lawn maintenance businesses if providing, planting or installing new plants or turf.

Definitions

“Nursery” means the business or location where nursery stock is grown or offered for sale, resale, or as part of a landscape service.

“Nursery stock” means botanically classified plants or parts of plants. The following plants and plant materials may not be considered nursery stock:

- aquatic plants used for aquarium purposes;
- field crop plants and seeds;
- pasture grasses;
- cut plants not for propagation;
- corms, tubers, and bulbs;
- fruits or vegetables for human or animal consumption;
- cut trees and products for processing; and
- plant debris for disposal or processing.

- **Weighing & Measuring Devices**
Department of Labor and Industry
Bureau of Weights and Measures
301 S. Park Ave., Room 464
Helena, MT 59620-0516

Required for businesses that use scales or meters to weigh or measure any product that they either buy or sell. Examples include scales used to weigh candy, meats, fruits, etc. that a store sells, or meters used to measure the gallons of gasoline sold. On the Master Application form, list each device type to be licensed and the total number of each type of device. Fees shown are per each individual device.

Meters:

- PA - Retail meters, listed delivery less than or equal to 20 gallons per minute = \$16
- PB - High speed retail/wholesale meters, listed delivery 21 to 130 gallons per minute = \$55
- PC - Wholesale meters, listed delivery greater than 130 gallons per minute = \$65
- PD - LPG (propane) meters = \$80

Meters refer to the actual measuring chambers, not the numbers of hoses or cabinets. If you have any questions as to the correct number of meters at your location or their listed delivery, please contact either the company that performed the installation or the Bureau of Weights and Measures.

Scales:

- SA - Listed capacity 0 - 499 pounds = \$12
- SB - Listed capacity 500 - 1,999 pounds = \$20
- SC - Listed capacity 2,000 - 7,999 pounds = \$40
- SD - Listed capacity 8,000 - 60,000 pounds = \$100
- SE - Listed capacity greater than 60,001 pounds = \$175

➤ **Underground Storage Tank Systems**

Department of Environmental Quality (DEQ)

Underground Storage Tank Section (UST)

PO Box 200901

Helena MT 59620-0901

Registration Fees (annual):

\$36 per tank equal to and less than 1100 gallon capacity

\$108 per tank greater than 1100 gallon capacity

Owners and operators of an underground storage tank (UST) and above ground storage tank with underground line must register each tank with the Department of Environmental Quality (DEQ). UST registration fees are assessed annually. Tank systems must meet certain standards for construction and design, corrosion protection and leak detection.

Permits are required from the DEQ for tank or piping installations or closures, for modifications, linings or repairs, and for the installation of cathodic protection and vapor or groundwater monitoring wells at existing installations. Licensed installers must conduct the permitted work. Any release must be reported to DEQ within 24 hours.

A person may not use an UST without an Operating Permit issued by DEQ. To obtain an Operating Permit, a licensed Compliance Inspector must inspect the tanks and certify to DEQ that the operation and maintenance of the tank complies with relevant DEQ laws and rules. It is the tank owner's responsibility to hire a private inspector to conduct the inspection. Owners and operators of a UST are to have inspections every three years.

Please complete the Notification for Underground Storage Tanks form located on page 27 and include this form with the master application.

Business Registration

➤ **Assumed Business Name**

Secretary of State

Business Services Bureau

PO Box 202801

Helena, MT 59620-2801

\$20 (Priority Filing is available for an additional \$20)

Any individual or partnership conducting business in Montana under a name other than the full legal name of the owner or owners must register an Assumed Business Name. Corporations, limited partnerships, Limited Liability Partnership and Limited Liability Company operating under a name other than the name registered with the Office of the Secretary of State must also register.

When registering an Assumed Business Name on the Master Application, you must indicate the type of business and the date business will commence.

Payment Procedures

Payment Methods

Check

Please make your check payable to One Stop Business Licensing.

Credit Card

VISA and MasterCard are accepted. Please include your credit card account information in the appropriate area of the Master Application form or Master License Renewal form.

Late Fees and Penalties

Petroleum Dealers (Pumps)	50% 60 days after the due date
Weighing Devices/Scales	50% 60 days after the due date and forfeit right to use device
Nursery	\$25
Food Purveyor	\$25
Off-Premises Beer and Wine	33.33% 1 day after the due date
	66.66% 31 days after the due date
	100% 61 days after the due date

Payment must be paid in full when applying for a license or renewing a license.

License Renewal Information

Renewing licenses through the One-Stop Licensing Office is a snap.

The business will receive a renewal from the One-Stop Licensing Office when it is time to renew licenses. The renewal notification document will list all the licenses a business currently holds, along with the cost of renewing each specific license.

After reviewing the list of licenses, a business will decide which licenses to renew, complete the back page of the renewal and submit one payment. A business may call the One-Stop Licensing Office and handle the renewal transaction by telephone. When completing a renewal by telephone, the payment method must be a credit card.

Renewal forms may be submitted by:

Mailing the completed renewal form, including appropriate payment, to the One-Stop Licensing Office, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604.

Delivering the completed renewal form, including appropriate payment, to the One-Stop Licensing Office, 2517 Airport Road, Helena, MT, 59601.

Faxing the completed renewal form along with credit card information (card type, card number, card expiration date, name on card and daytime phone) to (406) 444-0722.

Master Application

One Stop Licensing
PO Box 8003
Helena, MT 59604-8003
Phone: (406) 444-6900
FAX: (406) 444-0722

MONTANA
Form MA
Rev. 4-04

License Fees

☐ Food Purveyor (page 11) Large ☐ Small ☐
Endorsements: (Check all that apply)
1. ☐ 2. ☐ 3. ☐ 4. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐
10. ☐ 11. ☐ 12. ☐ \$ _____

Manufacturers

☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐ 20. ☐
21. ☐ 23. ☐ 30. ☐ \$ _____

☐ Cigarette (pages 9 & 10)
☐ Retailer ☐ Wholesaler ☐ Subjobber ☐ Major Vendor
☐ Minor Vendor
\$ _____

☐ Other Tobacco Products
☐ Retailer ☐ Wholesaler (no fee required)

☐ Off-Premises Beer/Wine License (pages 19-26)
Two separate checks need to be submitted.
☐ Process Fee: Off-Premise - \$100.00
Make check payable to: Department of Revenue
\$ _____
☐ Off-Premise Beer - \$200.00 (if new)
☐ Off-Premise Wine - \$200.00 (if new)
☐ Off-Premise Beer/Wine - \$400.00 (if new)
Make check payable to: One Stop Licensing
\$ _____

☐ Nursery License (page 18)
☐ Exempt \$0 ☐ >= \$1,000 and < \$3,000 ☐ >= \$3,000
\$ _____

☐ Petroleum Dealers (page 5)
PA _____ x \$16.00 = _____
PB _____ x \$55.00 = _____
PC _____ x \$65.00 = _____
PD _____ x \$80.00 = _____
\$ _____

☐ Weighing Devices (page 5)
SA _____ x \$12.00 = _____
SB _____ x \$20.00 = _____
SC _____ x \$40.00 = _____
SD _____ x \$100.00 = _____
SE _____ x \$175.00 = _____
\$ _____

Underground Storage Tanks (page 5)
<= 1100 gallons _____ x _____ = _____
> 1100 gallons _____ x _____ = _____
\$ _____

☐ Assumed Business Name (page 5 & 6)
\$ _____

Total Amount Enclosed \$ _____

The applicant is a: (check one and complete where appropriate)

- ☐ Corporation
☐ Limited Liability Company
☐ Association (attach the names and addresses)
☐ Individual
☐ Limited Liability Partnership (attach the names and addresses)
☐ Partnership (attach the names and addresses or write below: _____)

Please Do Not Send Cash

Check or Money Order # _____

Credit Card Payment: ☐ Visa ☐ MasterCard

Credit Card #

Expiration Date _____

Name on Card _____

Assumed Business Name/DBA/Trade Name, Etc.: _____

Description of business transacted under the assumed business name: _____

Date applicant first used the assumed business name (Mo\Day\Yr): _____

E-mail address (optional): _____

Company or Owner Name: _____

Federal Employer Identification Number (FEIN) or Social Security Number: _____

Business Location Address (cannot be a post office box) _____ City _____ State _____ ZIP + 4 _____

County _____ Business Phone _____ Fax Number _____

Business Mailing Address (if different from above) _____ City _____ State _____ ZIP + 4 _____

Signature (of sole proprietor, all partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I(we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I(we) am(are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me(us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corporation, corporate officer must sign) _____ Title _____ Date _____



One Stop Licensing
 PO Box 8003
 Helena, MT 59604-8003
 Phone: (406) 444-6900
 FAX: (406) 444-0722

License	Type of License	Fees	Inspection Required
Food (see page 4)	Effective 1/1/04 (for businesses with 2 or fewer employees at any one time)	\$60.00	Yes
	Effective 1/1/04 (for business with more than 2 employees at any one time)	\$75.00	Yes
	Effective 1/1/05 (for businesses with 3 or more employees)	\$90.00	Yes
Manufacturers	Effective 1/1/04 separate retail and manufacturing/wholesale license required.	\$75.00	Yes
Cigarette (see pages 3)	Retailer	\$5.00	No
	Wholesaler	\$50.00	No
	Subjobber	\$50.00	No
	Major vendor	\$50.00	No
	Minor vendor	\$5.00	No
	Other tobacco products- Wholesaler/Retailer	\$0.00	No
Off-Premises Beer/Wine (see page 3)	Process Fee	\$100.00	Yes
	Beer	\$200.00	Yes
	Wine	\$200.00	Yes
	Beer/Wine	\$400.00	Yes
Meters (see page 5)	PA-Max Delivery <= 20 gal/min	\$16.00	Yes
	PB-Max Delivery > 20 gal/min and <= 130 gal/min	\$55.00	Yes
	PC- Max Delivery > 130 gal/min	\$65.00	Yes
	PD-Liquified Petro Meters	\$80.00	Yes
Weighing Devices (scales) (see page 4)	SA-0 thru 499 lbs	\$12.00	Yes
	SB-500 thru 1,999 lbs	\$20.00	Yes
	SC-2,000 thru 7,999 lbs	\$40.00	Yes
	SD-8,000.thru 60,000 lbs	\$100.00	Yes
	SE-60,001 lbs & over	\$175.00	Yes
Nursery (see page 4)	Gross annual sales >= \$3,000	\$95.00	Yes
	Gross annual sales >= \$1,000 and < \$3,000	\$30.00	Yes
	Gross annual sales < \$1,000	\$0.00	Yes
	(Must submit an Affidavit for Nursery License Exemption)		
Assumed Business Name (see page 5 & 6)	Registration Fee	\$20.00	No
	Additional Charge for Priority Handling	\$20.00	No
Underground Storage Tanks (see page 5)	Tanks <=1,100 gals	\$36.00	Not for Registration, but once every three years for operating permit
	Tanks > 1,100 gals	\$108.00	

Montana Cigarette Sales

Who needs to report?

Anyone shipping or delivering cigarettes into Montana must report to the Department of Revenue (DOR), in compliance with the Federal Jenkins Act 376, 1955. This report must include name and address of purchaser, quantity, brand of cigarettes, manufacturer of cigarettes and invoice numbers. The report may be computer generated if approved by Department of Revenue (DOR).

Wholesaler Licensing

If you are selling cigarettes to licensed Montana retailers, you must be licensed by the State of Montana as a wholesaler. To become licensed:

- You must apply for a Wholesale Cigarette License
- Applicant must advise (DOR) whether or not they will be stamping cigarettes
- Before a business can purchase cigarette insignia you must:
 - Give a description of the secured area where cigarette insignia, stamping equipment and cigarettes will be stored
(Example: secured warehouse and locked safe).
 - Describe how you intend to separate stamped cigarettes from unstamped cigarettes.
 - Complete and submit a cigarette retail and wholesale affidavit Form MCIG-1 on page 10.
 - Provide a list of brand(s) of cigarettes that you will be selling.
- The applicant must show proof of an established account with the cigarette manufacturer(s).
- Montana is a Fair Trade state and before your brand of cigarette can be sold in Montana you will need to verify that the manufacturer has provided the base cost, before taxes or discounts to: Department of Revenue, Cigarette Tax, PO Box 1712, Helena, MT 59604-1712
- If a wholesaler will be purchasing rolls of insignia be advised that the Montana Department of Revenue purchases their insignia from Meyercord Company at (630) 682-6200, and it is advised that you should contact Meyercord to determine that the stamping equipment you are considering is compatible with the Meyercord insignia.
- The above information may be faxed to Attention: Cigarette and Tobacco Tax at (406) 444-0722.
- If you have any further questions, please call the Department of Revenue Customer Service Center at (406) 444-6900.

You are prohibited from stamping or selling cigarettes that are not in Department of Justice's directory. The DOJ Directory is located at www.doj.state.mt.us/safety/tobaccosettlement.asp
It is unlawful for any person to:

- affix a tax insignia to a package of cigarettes of a tobacco product manufacturer or brand family not included in the DOJ directory,
- or to sell, offer for sale or possess for sale in this state cigarettes of a tobacco product manufacturer or brand family not included in the DOJ directory.

Cigarette Retail and Wholesale Affidavit

MONTANA
Form MCIG-1
Rev. 7-03



One Stop Licensing
PO Box 8003
Helena, MT 59604-8003
Phone (406) 444-6900
Fax (406) 444-0722

Cigarette Retail and Wholesale Affidavit

Must be submitted with application

Please print

Owner Name			
Doing Business as			
Mailing Address			
Street Address			
City/State/Zip Code			
Telephone Number		Fax Number	
Please list brands of cigarettes and tobacco products carried			

Food Purveyor Inspection Procedures

➤ Food Purveyor

Department of Public Health and Human Services

Per location and owner for 2004: any retail food establishment with 2 or fewer employees working at any one time (\$60 license fee) or establishment with more than 2 employees working at any one time (\$75 license fee).

Per location and owner for 2005: any retail food establishment with 2 or fewer employees working at any one time (\$60 license fee) or establishment with more than 2 employees working at any one time (\$90 license fee).

Retail/Wholesale: Effective January 1, 2004, separate licenses and fees required for retail food purveyors that also qualify as wholesale food manufacturers. \$75 required for each license. Effective January 1, 2005, \$90 required for each license.

Retail: (Effective January 1, 2004, \$75 for businesses with more than 2 employees working at any one time; effective January 1, 2005, \$90 for businesses with more than 2 employees working at any one time. Application must be approved by the local health authority prior to submitting to One-Stop.

Wholesale manufacturer: Required of any person or commercial establishment that is in the business of purchasing and selling perishable food at wholesale. Perishable food includes potentially hazardous foods, which consist in whole or in part of milk, milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting infectious or toxigenic microorganisms.

All changes of ownership, location and new establishments must contact the county sanitarian. (See list on page 12-13)

For new applications/changes of ownership/changes in location

An inspection must be conducted, plans reviewed, and approval received, from the county sanitarian before the One-Stop Licensing Office can issue a license. Once a licensee has passed inspection, the inspector will provide notification of approval to the One-Stop Licensing Office. Please contact your local sanitarian to arrange for these **services as early as possible.**

When applying for a Food Purveyors license on the Master Application, you must indicate the type of food endorsements you are requesting (check all that apply). You may choose from:

- | | |
|---------------------------------------|---|
| 1. Eating Establishment | 7. Mobile Food Service |
| 2. Tavern or Bar | 8. Frozen Food Plant |
| 3. Grocery Store | 9. Perishable Food Dealer |
| 4. Bakery | 10. Food Service/Cartering (Retail) |
| 5. N/A | 11. Food Service/Delicatessen (Onsite Retail) |
| 6. Food Manufacturer (Retail takeout) | 12. Produce (Onsite retail only) |

An inspection by the county sanitarian with approval for all of the requested endorsements must be completed prior to license approval.

For renewals

The One-Stop Licensing Office will renew a Food Purveyor License when a county sanitarian has indicated the license may be renewed. The license will be renewed once the sanitarian notifies the One-Stop Licensing Office that an inspection has been conducted and approval has been granted.

County	Address	City	State	Phone
Beaverhead County	2 S. Pacific St	Dillon	MT 59725	406-683-3770
Big Horn County	809 N Custer Ave	Hardin	MT 59034	406-665-8724
Blaine County	PO Box 576	Chinook	MT 59523	406-357-3310
Broadwater County	515 Broadway	Townsend	MT 59644	406-266-9210
Carbon County	Administrative Service Bldg	Red Lodge	MT 59068	406-446-1694
Carter County	1024 West Evelyn	Lewistown	MT 59457	406-538-8375
Cascade County	City-County Health Dept	Great Falls	MT 59401	406-454-6950
Central Montana Health District	305 W. Watson	Lewistown	MT 59457	406-538-7466
Chouteau County	PO Box 459	Fort Benton	MT 59442	406-622-3016
Custer County	Courthouse	Miles City	MT 59301	406-874-3490
Daniels County	Courthouse	Plentywood	MT 59254	406-765-3458, ext. 464
Deer Lodge County	800 Main Street	Anaconda	MT 59711	406-563-4067
Dawson County	207 W. Bell	Glendive	MT 59330	406-377-5772
Fallon County	1024 West Evelyn	Lewistown	MT 59457	406-538-8375
Flathead County	1035 1st Ave W	Kalispell	MT 59901	406-751-8130
Gallatin City-County Health Dept	Environmental Health Services	Bozeman	MT 59715	406-582-3120
Garfield County	Courthouse 251 North 17th	Forsyth	MT 59327	406-346-2528
Glacier County	Glacier County Health Dept	Cut Bank	MT 59427	406-873-4461
Granite County	800 Main Street	Anaconda	MT 59711	406-563-4066
Hill County	Courthouse	Havre	MT 59501	406-265-5481 ext 66
Jefferson County	Courthouse PO Box H	Boulder	MT 59632	406-225-4126
Lake County Services	Lake County	Polson	MT 59860	406-883-7236
Lewis & Clark County	PO Box 1723	Helena	MT 59624	406-447-8351
Liberty County	226 1st St S	Shelby	MT 59474	406-424-8340
Lincoln County	418 Mineral Ave	Libby	MT 59923	406-293-7781 ext 228
Madison County	PO Box 278	Virginia City	MT 59755	406-843-4275
McCone County	221 5th Street SW	Sidney	MT 59270	406-433-6876
Meagher County	PO Box 6616 Great Falls, MT 59406-6616	White Sulphur Springs	MT 59645	406-761-5631
Mineral County	Environmental Health & Planning	Superior	MT 59872	406-822-3525
Missoula County	City-County Health Dept	Missoula	MT 59802	406-258-4755
Park County	414 East Callendar Street	Livingston	MT 59047	406-222-4143
Petroleum County	Central Montana Health District	Lewistown	MT 59457	406-538-7466
Phillips County	1024 West Evelyn	Lewistown	MT 59457	406-538-8375
Pondera County	20 4th Avenue SW	Conrad	MT 59425	406-271-4036
Powder River County	See Fallon County			
Powell County	800 Main Street	Anaconda	MT 59711	406-563-4066
Prairie County	207 W. Bell	Glendive	MT 59330	406-377-5772
Ravalli County	215 S 4th St. Ste. D	Hamilton	MT 59840	406-375-6268
Environment Health Dept				
Richland County	221 5th Street SW	Sidney	MT 59270	406-433-6876
Roosevelt County	Courthouse, #10 West Laurel Ave.	Plentywood	MT 59254	406-765-3458, ext. 464
Rosebud County	251 North 17th	Forsyth	MT 59327	406-346-2528
Sanders County	PO Box 519	Thompson Falls	MT 59873	406-827-6961
Sheridan County	Courthouse, #10 West Laurel Ave.	Plentywood	MT 59254	406-765-3458, ext. 464
Silver Bow County	24 West Front Street	Butte	MT 59701	406-497-5020
Stillwater County	PO Box 1276	Columbus	MT 59019	406-322-8055
Sweetgrass County	PO Box 111	Columbus	MT 59019	406-932-5395
Teton County	Courthouse Circle, #1 Main Ave S.	Choteau	MT 59422	406-466-2150
Toole County	226 1st St S	Shelby	MT 59474	406-434-5032
Treasure County	251 North 17th	Forsyth	MT 59327	406-346-2528
Valley County	Valley County Courthouse	Glasgow	MT 59230	406-228-6264
Wibaux County	207 W. Bell	Glendive	MT 59330	406-377-5772
Yellowstone County	Environmental Health Division	Billings	MT 59107	406-256-2772

PHS Indian Health Service**PHS Indian Health Service
Billings**

2900 4th Ave N, Rm. 307
Billings, MT 59107
Bus Phone:(406) 247-7099
Bus Fax:(406) 247-7229
Holland, John
Sery, John
E-mail: john.sery@mail.ihs.gov

**PHS Indian Health Service
Blackfeet**

P.O. Box 760
Browning, MT 59417
Bus Phone:(406) 338-3253
Bus Fax:(406) 338-2959
George, Don
E-mail: dgeorge@bilb2.billings.ihs.gov

**PHS Indian Health Service
Ft. Belknap**

Route 1 Box 67
Harlem, MT 59526
Bus Phone:(406) 353-3253
Bus Fax:(406) 353-2998
Kinsey, Daniel

**PHS Indian Health Service
Ft. Peck**

Vern E. Gibbs Health Center
P.O. Box 67
Poplar, MT 59255
Bus Phone:(406) 768-5322
Bus Fax:(406) 768-5212
Hull, Ken
E-mail: kenneth.hull@mail.ihs.gov

Tribal Health Services**Blackfeet Tribal Health Services**

P.O. Box 760
Browning, MT 59417
Bus Phone:(406) 338-6338
Bus Fax:(406) 338-6308
George, Don
E-mail: don.george@mail.ihs.gov

Crow Tribal Sanitarian

PHS Indian Hospital
P.O. Box 9
Crow Agency, MT 59022
Bus Phone:(406) 638-3473
Bus Fax:(406) 638-3569
Haines, Debra
E-mail: dhaines@bilb2.billings.ihs.gov

Flathead Tribal Health Center

P.O. Box 880
Mission Dr
St. Ignatius, MT 59865
Bus Phone:(406) 745-2411
Other: 1-888-835-8766
Bus Fax: (406) 745-3530
Steele, Fred
E-mail:
fsteel@sip.flathead.billings.ihs.gov

Ft. Peck Tribal Health

Verne E. Gibbs Health Center
P.O. Box 67
Poplar, MT 59255
Bus Phone:(406) 768-5322
Bus Fax:(406) 768-5212
Buckles, Dana, E. H. T.
Four Bear, Dennis, E. H. T.

Northern Cheyenne Tribal Sanitarian

P.O. Box 67
Lame Deer, MT 59043
Bus Phone:(406) 447-4409
Bus Fax:(406) 447-8366
LaRance, Albert
E-mail: albert.larance@mail.ihs.gov

Rocky Boy Tribe

Chippewa Cree Tribal Health Center
P.O. Box 664
Box Elder, MT 59521
Bus Phone:(406) 395-4490
Bus Fax:(406) 359-4825
Gardipee, Henry

National Park Service

P.O. Box 168
Yellowstone National Park, WY 82190
Bus Phone:(307) 344-2274
Roser, Sara

Food Wholesale**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES****Food & Consumer Safety Section****APPLICATION FOR LICENSE -- \$75.00**

FOOD MANUFACTURER (Wholesale Processor) FOOD WAREHOUSE PERISHABLE FOOD VENDOR
BEVERAGE BOTTLER FOOD SALVAGER SEAFOOD PROCESSOR FOOD REPACKER (Wholesale)
FOOD SUPPLEMENT MANUFACTURER (Wholesale) NON-PRESCRIPTION DRUG MANUFACTURER

This application must be remitted with a license fee of **\$75.00** Applicant instructions are on the back of this page.

By provision of 50-57-205. (Temporary - effective January 1, 2004) License fee - late fee renewal fee - allocation of fees. (1.) For each annual license issued, the department shall collect a fee of \$75. For an operation containing an establishment and a retail food establishment, as provided in 50-57-201(3), the department shall collect one fee of \$75 for each license. In **2005** the fee will go to \$90.00 for each license.

HEALTH OFFICIALS RETURNING PREVIOUSLY PAID APPLICATIONS ONLY REQUIRING SIGNATURE, - allocation of fees. (1.) OR REQUESTING ENDORSEMENT CHANGE, PLEASE RETURN TO: **FOOD & CONSUMER SAFETY SECTION, DPHHS, @ PO BOX 202951, HELENA, MT 59620-2951.**

PLEASE PRINT (Applicant instruction on back)

Licensee (Operator or Corporation) Name: _____

Establishment Name: _____

Establishment Location Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Mailing Address (If different from above): _____

City: _____ **Zip Code:** _____ **County:** _____

On-Site Operator/Manager Contact Name (if different than Licensee Name): _____

Contact Telephone: (____) _____ - _____ **Contact FAX:** (____) _____ - _____

Contact E-mail address: _____ **Cell phone:** _____

This Section is to be completed and signed by the Local Health Authority Only!

Type of Establishment: (Check one or more)

- ☐ 13. Food Manufacturer (wholesale, off site)
☐ 14. Perishable Food Vending (all)
☐ 15. Food Salvage / Reconditioning
☐ 16. Bottled Water, Beverage Manufacturing
☐ 17. Fish/Seafood Processor (Wholesale)

- ☐ 18. Repacking Only (Re-packaging non-perishables)
☐ 20 Food Supplement Manufacturer (Wholesale)
☐ 21. Food Warehouse / Frozen Food Plant
☐ 23. Bakery (Wholesale, Off-site)
☐ 30 Non-Prescription Drug Manufacturer

+Product Codes (see back page) _____

+ Product Codes (see back page) _____

* If this application is for change or addition only, enter new endorsement and product codes above and indicate any other changes or instructions in the spaces below _____

Public Water Supply: Yes _____

PWSID No: _____

Private (Not Public) Water Supply: Yes _____

Previously Licensed? No _____

Pre-opening Facility Inspection completed and approved: Yes _____ No _____

Previously Licensed? Yes _____

Former name of facility: _____

Previous License Number: _____ Last Calendar Year Licensed? _____

License Limitation/Condition/Comment Statement: _____

(Statement appearing on the printed license which identifies any provision which is a condition of the licenses approval.)

APPLICATION APPROVED: _____

DATE: _____ COUNTY: _____

(Rev. 10/03)

(Local Health Authority Signature)

FOOD PRODUCT CODES AND DESCRIPTIONS FOR WHOLESALE FACILITIES

02	Whole Grains, Milled Grain Products, Starch	30	Beverage Bases, (Cola, Fruit, Imitation. . .)
03	Bakery Products, Dough, Mixes, Icings	31	Coffee, Coffee Beans, Teas, Herbal Teas, Substitutes
04	Pasta/Noodle (Rice, Wheat, or other Flour)	32	Alcohol Beverages: Wine, Beer, Liquor, Ale . . .
05	Cereals, Breakfast Foods (including Quick or RTE)	*****	*****
07	Snack foods (Fried, Baked . . .)	33	Candy w/o Chocolate, Chewing gum, Toppings (non-fruit),
*****	*****		Jelly Beans, Toffee . . .
09	Milk, Butter/Dried Milk Products (except Grade A)	34	Chocolate Candies/Cocoa Products, Chocolate w nuts
12	Cheese/Cheese Products/Cheese-filled Products	35	Gelatin, Rennet, Pudding Mixes, Pudding, Pie Filling...
13	Ice Cream, Fruit Ice, Ice Milk, Custard	36	Food Sweeteners (nutritive), Honey, Sugar, Waffle
14	Filled Milk/Imitation Milk Products		Syrup...
*****	*****	*****	*****
16	Shellfish/Seafood Products/Smoked Fish/Spreads	37	Multiple food Dinners/Gravies/Sandwiches/Meat
*****	*****		Ravioli, Barbeque Sauce, Shrimp Rolls, Pizza. . .
17	Meat, Poultry, Exotic Meats, Buffalo, Rattlesnake, Venison	38	Soups, Dried Soups, Soup Concentrates . . .
18	Simulated Meat-like Vegetable Foods, Tofu, Soy Protein	39	Prepared Salad Products, Fruit Gelatin Salad...
*****	*****	40	Baby Food, Infant/Junior Foods, Formulas, Cereals,
20	Core Fruits, Berry/Citrus Juices, Toppings, Jams, Jellies		Foods w Nutritional Claims (including Mineral Water...)
21	Fruits - Tropical & Pit Fruits, Mixed: Preserves, Juices...	41	Diet Foods (including artificially sweetened), Meal
22	Fruits - Vine, Melons & Other: Juices, Preserves, Dried		Replacements, Bottled meal replacements
23	Nuts & Edible Seeds: Spreads, Shelled, Unshelled...	*****	*****
24	Vegetable Products, Juices, Salsa, Sprouts, Lettuce...	45	Additives, Extracts, Anti-caking Agents, Artificial
25	Mixed Vegetables, Root/Tuber & Juices, Mushrooms,		Sweeteners, Flavor enhancers,
26	Vegetable Oils (includes olive oil), Oleomargarine	46	Thickeners, Propellants, Processing Aids, Glazes...
*****	*****	47	Warehouses-Multiple Food, Food Salvage
27	Dressings & Condiments (Salad Dressings, Horseradish...)	50	Color Additives for Foods, Drugs or Cosmetics
28	Spices & Salts, Extracts & Flavors, Ground Spices...	*****	*****
*****	*****	54	Dietary or Food Supplements, Vitamins, Enrichments
29	Soft Drinks, Waters, Colas, Packaged Ice		

APPLICANT INSTRUCTIONS -- Processing, Manufacturing, Vending or Wholesale Food Establishment

Licensee (Operator/Owner) Name: The license for a facility is specific to an owner or operator. Write the name of the person or entity that will be responsible for ensuring this establishment will meet public health requirements. A new license is necessary when the owner or operator of an establishment changes, even if the name of the facility does not change. If the facility is leased, list the name of the lessee when that person is responsible for the establishment meeting public health requirements.

Establishment Name: Write the business name of the facility. If the business has several sites, the establishment name must be specific to the location for this application. When making license application for multiple locations, use a separate application form for each facility, and give the physical location (street and number) for each on its respective application form.

Establishment Address and Contact Information: Write the physical location (street address) of the food establishment. If the food establishment is mobile, use the address for the commissary or servicing site. If there is doubt about which address to use, attach an explanation with this application. Please include the information necessary to locate the facility for inspection (directions, if needed), so that your license approval will not be delayed.

Mailing Address: The mailing address is where the license and renewal notice will be sent. Late fees may result if the renewal notice is sent to a seasonal facility location which is closed. If you desire the license(s) for one or several franchise operations to be sent to the head office or corporate office, or to a business agent, enter their mailing address in this space.

Contact Information: Include the name of the manager and contact information, including work phone, fax #, and e-mail address.

Note: The space at the bottom of the application is to be completed by the local or state health authority. We recommend that new license applicants make contact with the local district or county sanitarian early in the application process. Some portions of the license application review process may involve plan review, providing written process schedules, product lists, ingredient review, label design, etc. Please contact either the local or state health department office for assistance or plan review forms.

Local Health Authority Instructions -- Processing, Vending, or Wholesale Food Establishment

Type of Establishment (endorsements):

The type of establishment identifies the types of food operations that occur on premises. A food establishment may have multiple endorsements at the same location - check all endorsements that apply. Only one annual license fee, **\$75.00**, is charged for each premises, regardless of the number of endorsements approved by the local health authority. A license is specific to the type(s) of establishment operation(s) approved by the local health authority and is limited to the types of food operations and sales that occur at that location. Multiple endorsements and/or multiple product codes means the health authority must review and approve the public health and safety requirements specific to each endorsement and/or product code.

Type Brief Description/Examples

- 21, 17** Frozen Food Plant/Food Warehouse, and Seafood Processor: A food warehouse is a place used to process, store, and distribute foods or drugs to retail outlets. The warehouse *Product Code* is always **47**. The term does not include beer, wine or soft drink warehouses. But if, for example, they also cut frozen halibut into steaks, they would be Type 21 (*Product Code 47*), and Type 17 (*Product Code 16*).
- 23** Bakery (Wholesale, Off-site): Includes the processing, packaging, and labeling of bakery products for off-site sales. Type 23. Typical *Product Codes* would be **03 & 07**. If they had a retail cafe also, they would also need an F-1 Retail endorsement.
- 13** Food Manufacturer (Wholesale, Off-site): Includes processing any food product, its packaging and labeling, and its distribution or sale at an off-site location. Includes mail order and Internet product sales. Refer to code table above.
- 16** Water Bottlers: sometimes produce flavored beverages or soft drinks and sometimes fruit juice. In such a case the Type is 16, and the *Product Codes* would be **29 & 21**. Process Schedules are needed for flavored soft drinks.

Other: Endorsement changes must be approved by the sanitarian, but do not require an additional **\$75.00** license fee for an existing licensed food establishment. Addition of product codes may require additional approval by FCSS. If uncertain, contact Food & Drug Program Office. Complete the plan review, pre-opening inspection and previous licensing information.

License Limitation/Condition/Comment Statement: May be used to identify equipment use limitations, distribution limitations, product or processing limitations, a plan of correction (including starting & ending dates and the approving health authority), or any other information needed to clarify the license approval. Example: *"Wholesale Only - No Retail Sales Approved"* Such comments will be included on the license.

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
FOOD & CONSUMER SAFETY SECTION - (406) 444-2408
APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**



Establishments with **2 or fewer** employees
working at any one time (\$60 license fee) **RPF1X**



Establishments with **more than 2** employees
working at any one time (\$75 license fee) **RPF BX**

This application includes all types of food establishments that are regulated by
ARM Title 37, Chapter 110, Subchapter 2

Note: By provision of 50-50-201, MCA, one license fee includes all types of retail food establishments operating on the same premises when they are operated by the same licensee. Only remit one license application fee for each retail premises location. Food Manufacturing Establishments are licensed **separately** and must submit separate application with appropriate fees.

HEALTH OFFICIALS RETURNING "PREVIOUSLY PAID" APPLICATIONS ONLY REQUIRING SIGNATURE, OR REQUESTING "ENDORSEMENT CHANGE", PLEASE RETURN TO: **MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES** or (DPHHS). MAIL TO: DPHHS/FCSS, PO BOX 202951, HELENA, MT 59620-2951

PLEASE PRINT

Licensee (Operator/Owner) Name:

Establishment Name:

Establishment Location Address:

City: _____

Zip Code: _____

County:

Mailing Address (If different from above):

City: _____

State: _____

Zip Code:

On-Site Operator/Manager Contact Name (if different than Licensee Name):

Contact Telephone: (____) ____ - _____ **Contact FAX:** (____) ____ - _____

Contact E-mail address:

This Section is to be completed and signed by the Local Health Authority Only!

Type of Establishment: (Check one or more - fee same regardless of number checked)

- | | |
|---|--|
| <input type="checkbox"/> 1. Food Service Establishment | <input type="checkbox"/> 8. Water Hauler |
| <input type="checkbox"/> 2. Tavern or Bar | <input type="checkbox"/> 9. Perishable Food Dealer (Retail only) |
| <input type="checkbox"/> 3. Meat Market (Onsite Retail Only) | <input type="checkbox"/> 10. Food Service/Catering (Retail) |
| <input type="checkbox"/> 4. Bakery (Onsite Retail Only) | <input type="checkbox"/> 11. Food Service/Delicatessen (Onsite Retail) |
| <input type="checkbox"/> 6. Food Manufacture (Onsite Retail Only) | <input type="checkbox"/> 12. Produce (onsite retail only) |
| <input type="checkbox"/> 7. Mobile Food Service | |

Change type of establishment (endorsement)?

Seasonal: No ☐, or Yes ☐ If Yes, Dates Open: _____ To _____

Public Water Supply: Yes ☐, or No ☐ PWSID No: _____ Private (Not Public) Water Supply: Yes ☐ No ☐

Public Sewage Treatment System: Yes ☐, or No ☐ Private (Not Public) Sewage Treatment System: Yes ☐ No ☐

Existing Facility: Yes ☐, or No ☐ New Construction: Yes ☐ or No ☐ Remodeled: Yes ☐ or No ☐
Preconstruction Review Plans approved by local or state health authority? Yes ☐ No ☐ or NA ☐
Fire Authority Approved: Yes ☐, No ☐, NA ☐ Building Authority Approved: Yes ☐ No ☐ or NA ☐

Preopening Inspection completed and approved: Yes ☐ or No ☐

Previously Licensed: No ☐ or If Yes ☐, then Former Name: _____
Previous License Number: _____ Last Calendar Year Licensed?

License Limitation/Condition/Comment Statement:

(The statement above will appear on the printed license. It will identify condition(s) or limitations on the license's approval.)

APPLICATION APPROVED: _____ DATE: _____ COUNTY:

(Rev. 10/03)

(Local Health Authority Signature Required)

Application Instructions for the Licensee - Retail Food Establishment (FR)

Number of Employees: 50-50-205 MCA states that for each license issued to an establishment that does not have more than two employees working at any one time, the department shall collect a fee of \$60.00. Retail food establishment with three (3) or more employees working at any one time will pay a license fee of \$75.

Licensee (Operator) Name: The license for a facility is specific to an owner or operator. Write the name of the person or entity that will be responsible for ensuring this establishment will meet public health requirements. A new license application is necessary when the owner or operator of an establishment changes, even if the name of the facility does not change. If the facility is leased, enter the name of the lessee. The lessee is responsible for the facility in meeting public health requirements.

Establishment Name: Write the business name of the facility. If the business has several sites, the establishment name must be specific to the location for this application. When making license application for multiple locations, use a separate application form for each facility, and give the physical location (street and number) for each on its respective application form.

Establishment Address and Contact Information: Write the physical location (street address) of the food establishment. If the food establishment is mobile, use the address for the commissary or servicing site. Some food establishments have several distribution sites, a commissary site, an office location and a different management location. If there is doubt about which address to use, attach an explanation with this application. Please include the information necessary to locate the facility for inspection (directions, if needed), so that your license approval will not be delayed. Name the MT county where the establishment is located.

Mailing Address: The address entered here is where the license and annual renewal notice will be sent. Late fees may result if the renewal notice is sent to a seasonal facility location which is closed. If you desire the license(s) for one or several franchise operations to be sent to the head office or corporate office, or to a business agent, enter their mailing address.

Contact Information: Enter the name of the manager, phone number, fax number, and e-mail address, if available.

=====

Note: The space at the bottom of the application form is to be completed by the local or state health authority.

If the facility has new construction or has been remodeled, plan review approval and pre-opening onsite inspection approval by the health authority is necessary before the license is approved and the food establishment commences business. If the new license application is for a change of ownership, a pre-opening on-site inspection by the health authority is necessary before the license will be approved. There may be changes necessary before the new license is issued.

It is recommended that new license applicants make contact with the local health department or county sanitarian early in the application process. Some portions of the license application review process may involve plan review, providing written procedures, product lists, fire safety inspection, building permits, water system plans, laboratory analysis of water, label design, etc. Please contact your local health department office for assistance or plan review forms.

Local Health Authority Instructions -- Retail Food Establishment (FR)

Type of Establishment (endorsements):

The type of establishment identifies the types of food operations that occur on a premises. A food establishment may have multiple endorsements at the same location - check all endorsements that apply. **Only one annual retail license fee** is required, regardless of the number of endorsements approved by the local health authority.

A license is specific to the type(s) of establishment operation(s) approved by the local health authority and is limited to the types of food operations and sales that occur at that location. Multiple endorsements means the health authority must review the public health and safety requirements specific to each endorsement approved.

Type	Brief Description/Examples
01	<u>Food Service Establishment:</u> Includes restaurants, cafeterias, pizzerias, etc. or other similar place where food or drink is prepared, served, or provided to the public with or without charge. Does not include catering or mobile operation.
02	<u>Tavern or Bar:</u> Includes alcoholic beverage services. Does not include onsite food preparation.
03	<u>Meat Market (Onsite Retail Only):</u> Includes only the processing, packaging, and labeling of meat and meat products for on-site sales at that location. Processing meat for wholesale distribution is prohibited without licensing from DOL.
04	<u>Bakery (Onsite Retail Only):</u> Includes only the processing, packaging, and labeling of bakery products for on-site sales.
06	<u>Food Manufacturing (Onsite Retail - Take-Out) :</u> Includes processing a food product, putting it in a package, and selling at that location. Also includes retail water vending units and the packaging and sale of ice on-site at a retail store.
07	<u>Mobile or Semi-Permanent Food Service:</u> Includes pushcarts, vehicle-mounted food service designed to be readily mobile or limited food operations which are moveable but not wheel mounted.
08	<u>"Water hauler"</u> is a person engaged in the business of transporting water to be used for human consumption that is not regulated as a public water supply and does not transport water for individual family households and family farms and ranches.
09	<u>Perishable Food Dealer (Retail Only):</u> Includes the <u>buying and selling</u> of packaged perishable products. Examples - Grocery Stores, convenience stores, mobile food distributor.
10	<u>Food Service/Catering (Retail):</u> Includes food preparation and its service at locations other than the licensed facility. Catering kitchens must meet all the requirements of a food service kitchen.
11	<u>Food Service/Delicatessen (Onsite Retail):</u> Includes the preparation and service of multiple ingredient foods for take-out purposes. Includes the processing, packaging, and labeling requirements for on-site retail sales of that product.
12	<u>Produce (Onsite Retail):</u> Includes vegetable or fruit processing, washing, cutting, or preparing for sale.

Other: Endorsement changes must be approved by sanitarian signature, but do not require an additional license fee for an existing licensed retail food establishment. Complete water supply, sewage treatment, plan review, and licensing information.

License Limitation/Condition/Comment Statement: May be used to ID locations for mobile food service units, identify menu or equipment use limitations, identify maximum group sizes for catering functions, identify a plan of correction (including starting & ending dates and the approving health authority), or any other information needed to clarify the license approval.



One Stop Licensing
PO Box 8003
Helena, MT 59604-8003
Phone (406) 444-6900
Fax (406) 444-0722

Affidavit for Nursery License Exemption

Must be submitted with application

Please print

Owner Name			
Business Name			
Mailing Address			
Street Address		County	
City/State/Zip Code			
Telephone Number		Fax Number	

Section 80-7-106(3)(a) exempts from licensing those nurseries which earn less than \$1,000 gross annual sales of nursery stock. To qualify for the exemption, fill out this affidavit and file it with the department at the above address.

Section 80-7-106(3)(b) requires nurseries which earn \$1,000 but less than \$3,000 in gross annual sales of nursery stock must submit an affidavit to that effect and pay a licensing fee to the department. Fill out this affidavit and send it with your completed application and license fee to the department at the above address.

Location where nursery stock was grown: _____

Location(s) where nursery stock will be sold: _____

Estimated amount of gross nursery stock sales conducted in Montana:

\$ _____

Off-Premise Beer and Wine

Off- Premises

Beer and Wine Application

Please complete the following pages for processing your Off -Premises Application. Please read all instructions and answer all relevant questions.

The following forms included in this section are:

- Off-Premises Application Check List
- Off-Premises Liquor License Application
- Release of Information Form
- Personal History Statement Form
- Grocery Inventory Form
- Assignment
- Fire Code Requirements
- Department of Treasury - Special Tax Registration and Return

Montana Department of Revenue
Registration and Licensing
Off-Premises Application Check Sheet
to expedite your application processing

Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a completed application (16-4-207 MCA). You will be notified when a decision regarding the application has been made.

Submitting an incomplete application may add weeks to the process. **This checklist is provided to help you avoid a delay.** Please do not return the checklist with your application documents as it is designed simply for your use.

A complete application means all information requested on the license application forms has been responded to in compliance with the law and the necessary supporting documentation has been supplied.

It is suggested you use the following list of questions as a checklist to help you put together your application paperwork. In most cases, affirmative (or not applicable) responses to all of these questions will assure you have compiled a complete application. **However, the documents provided may raise license qualification questions that need clarification before the department can consider your application complete.** If your response to any of these questions is negative, your application is incomplete.

Application documents are considered public documents and are available for public review.

CHECKLIST

Respond with Yes, NA or No to the following list of questions.

_____ A All questions and documents requested in Section I and 2 of the application that apply to your type of Off-Premise application have been answered.

_____ B * Your \$100.00 processing fee is included with the application documents. This payment is in addition to the payment submitted for your 1-Stop Business Licenses. Please include this as a separate payment to be processed for your liquor license application.

_____ C * If applying for a new license, the license fee \$200.00 beer, \$200.00 wine, payment is included with the application documents.

_____ D If you are a partnership, you have included with your application a copy of your Certificate of Fact issued by the Montana Secretary of State's Office and your partnership agreement with the application documents.

_____ E If you are a corporation, you have included with your application a copy of your current (issued within the last six months) Certificate of Existence, and corporate statement.

_____ F If you are an LLC include your Certificate of LLC and Articles of Organization.

_____ G If you indicated in Section 2 question 7 that you do not own the premise, you have included with your application documents a copy of a current or proposed lease or rental agreement. The document is between the applicant & owner of the premise, signed, dated and includes any other associated documents.

_____ H If you indicated in Section 2 question 7 that you do own the premise, you have included with your application documents, a copy of a current or proposed purchase agreement or proof of ownership (i.e. current year tax statement or warranty deed). The document is between the applicant & previous owner, signed, dated and includes any other associated documents.

_____ I Copy of your current floor plan, preferably on 8½ x 11 paper, with outside dimensions and general layout is included with the application documents showing all areas where alcohol will be stored and sold. (Please label floor plan with the Trade Name and license number.)

_____ J If applying for a transfer of ownership only, and wish to operate temporarily while the application is being processed, you have entered the date that you want temporary authority issued.

_____ K If applying for Temporary operating authority in Section 3, the current licensee/recorded owner has accurately completed the appropriate part of Section 3.

_____ L The application form is signed by all individual owners, or all members of the partnership, LLC, or an authorized member of the corporation.

_____ M If applying for a transfer of ownership, an assignment form or purchase agreement that specifically lists the license by number is included with the application documents. The document submitted must list the applicant's name as shown on the application, the license number, and the signature of the current licensee(s).

_____ N A complete personal history statement and authorization for examination and release of information form for each individual applicant, partner or corporate stockholder owning 10% or more of the issued stock is included with the application documents.

_____ O If applying for a transfer of ownership, you understand that no money may be exchanged until the department has issued either temporary operating authority or final approval. Any portion of the purchase price or down payment must be held in Escrow until temporary authority or approval is issued. Copies of Escrow documents are required to support this.

_____ P Effective 10-01-03 a properly completed fingerprint card must be completed and returned to this office. The individual can take the card to a local law enforcement agency or to the Montana Department of Justice ID Bureau for fingerprinting. (It should be noted that some law enforcement agencies charge a fee for this service.) Upon completion, a \$32.00 processing fee will be assessed for each fingerprint card submitted. Please attach a check in the amount required payable to the "Gambling Control Division." If you have any questions, please contact the Montana Department of Revenue, Liquor Licensing at (406) 444-6900.

_____ Q It is the applicant's responsibility to determine if federal laws may require the applicant to obtain a permit from a federal agency. For further information contact: Department of Treasury, Bureau of Alcohol Tobacco Firearms, PO Box 145433, Cincinnati, OH 45205-5433. Phone: (513) 684-2979 or (800) 937-8864

When the application is determined complete, an investigation of the applicant and premises is initiated. The Department notifies the department's investigation office and various state and local officials interested in the application that the application has been received, allowing the parties 30 days to notify us of any application deficiencies in areas within their jurisdiction. Also, the department may notify the Department of Justice, Investigation Bureau to begin a background investigation.

The department can approve the application if a favorable investigation report is received and no other previous deficiencies have been noted.

It is important to understand that supplying information requested does not guarantee approval of the license application. At this time, we are simply gathering information needed to continue processing the paperwork. Until a determination has been made, any expenses related to this application which you may incur are strictly at your own risk. You will be notified when a decision regarding the application has been made.

Please mail the application documents to:
Department of Revenue
Registration and Licensing
P.O. Box 1712
Helena, MT 59604-1712

Off-Premises Liquor License Application

Return to:
Montana Department of Revenue
Registration and Licensing
PO Box 1712
Helena, MT 59604-1712

Section 1: Entity/Transaction

Check appropriate boxes:

- | | | |
|--|---|--|
| 1. Business Entity | 2. Transaction | 3. License Type / Fee |
| <input type="checkbox"/> Individual (one person) | <input type="checkbox"/> New License | <input type="checkbox"/> Processing Fee - \$100.00 (All) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Transfer - License # _____ | <input type="checkbox"/> Off-Premise Beer - \$200.00 (If new) |
| <input type="checkbox"/> Other | <input type="checkbox"/> Ownership | <input type="checkbox"/> Off-Premise Wine - \$200.00 (If new) |
| | <input type="checkbox"/> Location | <input type="checkbox"/> Off-Premise Beer/Wine - \$400.00 (If new) |

Attach additional pages if more space is needed

Section 2: General Information

Instruction for completing applicant name.

- If **Individual**, list individual's name.
 - If **Corporation**, provide current corporate statement or list of officers, directors and shareholder and Certificate of Existence/Authority.
 - If **Other** . . .
 - If more than one **individual** , list names of all below and indicate if license will be held as:
☐ **Joint Tenants with Rights of Survivorship** or as ☐ **Tenants in Common**
 - If **partnership**, list partnership name below then, individual partners' names and provide copy of the partnerships Certificate of Limited Partnership, Certificate of Fact or Certificate of Registration.
 - If **LLC**, list LLC name below then, all members' names and provide a copy of the Certificate of LLC.
1. Name of Applicant(s)
Owner(s) _____

Name of Person Managing Business _____
Business Telephone No. _____ Fax No. _____ Federal Tax I.D. No. _____
2. ☐ Yes ☐ No Provided Personal History & Release of Information forms for each individual, partner, 10% stockholder, or member.
3. **Business/Trade Name** _____
Mailing Address _____
City, State, Zip _____
- 4a. **Address of premise to be licensed, if different than mailing address. Give Exact Location of Premises**, including a street and number.
If there is **no** street and number, provide a detailed narrative description of the location.

City _____ State _____ Zip Code _____
- 4b. Is your location within an incorporated city/town? ☐ Yes ☐ No
5. Are the premises within any defined zones where the sale of alcoholic beverages is prohibited by city/county ordinances? ☐ Yes ☐ No
6. Is your premises proposed for licensing operated as a ☐ Grocery Store If **grocery store** - attach copy of inventory (Form G-1)
☐ Drugstore If **drug store** - attach copy of pharmaceutical license
7. Do you now or will you own the building proposed for licensing? ☐ Yes ☐ No
If No, please provide a current or proposed lease or rental agreement. If Yes provide acceptable proof of ownership
8. Is the building ready for occupancy? ☐ Yes ☐ No
If No, indicate estimated date of occupancy: _____
9. Will you be remodeling or constructing the premise? ☐ Yes ☐ No
If Yes, indicate estimated date of completion: _____ (Date)
10. **Submit copy of current floor plan of licensed premise. Floor plan must include external dimensions and general layout - preferably on an 8½ x 11 sheet of paper. Identify trade name of premise and date.**
11. Please send a copy of your bank signature card.

Section 3: Temporary Authority

Temporary Authority CANNOT be granted on a transfer of location or issuance of a new license.

The undersigned, requests authority to operate pending final approval of the transfer. The undersigned agrees that during the period of temporary operating authority, the applicant shall be responsible for all beer and wine purchased pursuant to Section 16-3-243, MCA (the seven-day credit limitation). I realize temporary authority will be immediately revoked if my employees or I violate any provisions of Title 16, MCA or the departments rules.

I would like temporary authority issued on _____ (Date)

To be completed by Recorded Owner / Current Licensee

I authorize Temporary Operating Authority be granted to the applicant by the Department of Revenue Registration and Licensing, pending final approval. I understand the applicant may not operate until Temporary Authority has been granted. I understand Section 42.12.208, Administrative Rules of Montana, states in part "Any proposed fine, suspension, or revocation arising out of a violation will be assessed against and is the responsibility of the recorded owner of the license.

Signature of Recorded Owner / Current Licensee

Date

Section 4: Notice To Applicants

In order for your application to be considered *complete* you must include all associated or related documents as indicated by your specific circumstance in the accompanying check sheet. Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a complete application, if no deficiencies are received. You will be notified when a decision regarding the application has been made.

Section 5: Declaration and Affidavit

NOTE: Section 16-4-402 (3) MCA, provides "Upon proof that any applicant made false statement in any part of the application, the application for license may be denied, and if issued, the license may be revoked." If the applicant is successful in obtaining a license, the applicant must abide by all laws and rules for that licensing period. 42.12.12(2) Application must be signed by all individuals, partners or members or LLC. In the case of a corporate applicant it may be signed by one member, with authority to sign and state their title:

Signature

Date

Signature

Date

Printed Name

Title

Printed Name

Title

Signature

Date

Signature

Date

Printed Name

Title

Printed Name

Title

Section 6: Corporate Statement

The stockholders of the corporation are:
Name

Address

Social Security Number Date of Birth Number of Shares

Total Shares: _____

The Officers and Directors of the Corporation are:
Name

Address

Title

Grocery Inventory

Section 16-4-115(1), MCA states a retail license to sell beer or table wine in the original package for off-premises consumption only may be issued to a qualified applicant whose premises proposed for licensing is operated as a bona fide grocery store or a drug store licensed as a pharmacy.

ARM 42.12.126(2) "The retail inventory of \$3,000 will be used as a basis for determining whether an establishment qualifies as a "bona fide grocery store". The retail inventory of at least \$3,000 must be maintained at all times. The retail inventory must include at least three different types of items in each of the following food groups; meats, vegetables, fruits, bakery items, dairy products and household supplies. For example, three different types of items in the dairy products group would be a cheese, a milk and a butter, but skim milk, chocolate milk and whole milk would not be considered as three different types of items in the dairy products group."

List three different types of food items you carry within each category listed below. Under Total Inventory state the total dollar retail inventory maintained in these above six food groups.

Three Food Types

Meats			
Vegetables			
Fruits			
Bakery Items			
Dairy Products			
Household			

Total Inventory of Above Food Groups \$ _____

I certify this inventory to be correct.

Signature

Trade Name \ County

Date

Applicant

Address

City

State

Zip

Each Individual, all Members of Partnerships, LLCs and LLPs must sign below. If Licensee is a Corporation, an Authorized Member must sign stating his/her title.

Dated at _____, Montana, this _____ day of _____, 20_____

Signature (current licensee)

Address

Signature (current licensee)

Address

STATE OF MONTANA)
) ss
County of _____)

On this _____ day of _____, 20_____, before me, a Notary Public for the State of Montana, personally appeared _____ known to me to be the person(s) whose name is (are) subscribed to the foregoing instrument, and acknowledges to me that he (she) executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this instrument first written above.

NOTARY PUBLIC FOR THE STATE OF MONTANA

Residing at _____

My Commission Expires _____

TO: Prospective Liquor License and Tavern Owners

FROM: Fire Prevention and Investigation Bureau

DATE: January 10, 1996

SUBJECT: Fire code requirements and information pertinent to fire and life safety requirements for B-2 and A-3P occupancies

Whenever someone applies for a license, or license ownership is transferred, the building to which the license applies is inspected. This inspection is conducted by an FPIB Deputy State Fire Marshal or by a representative from your local fire department, provided the department has an inspection division.

The following information lists Fire Code deficiencies common to occupancies that fall within this category. The information is intended to assist you in evaluating the relative fire and life safety of the building that you are currently applying for a liquor license, and to help you avoid unanticipated expenditures. This information may help you determine if the property is in compliance with the Uniform Fire Code or will require expensive and/or extension modifications.

On premises liquor sales establishments typically are classified in the Fire and Building Codes in one of two occupancy classes, based on the usable square footage of floor space that is open to , and regularly used by, the public.

A B-2 establishment is defined (for our purposes) as a drinking and dining establishment that has an occupant load of less than 50, and contains less than 750 square feet of usable floor space.

The second class, A-3, is defined as any building, or portion of a building, having an assembly room within occupant load of less than 300, without a legitimate stage. The usable floor space ranges from 750 to 4,500 square feet. The majority of bars, taverns, restaurant/bars, and casinos fall in this category.

Fire Code Deficiencies Common to B-2 Occupancies

- Lack of an approved fire suppression system to protect the ventilating hoods over kitchen cooking surfaces.
- Lack of a required 40 B.C. fire extinguisher for kitchen use.
- The use of extension cords as a substitute for permanent wiring. Extensions cords are permitted only for temporary use.

Fire Code Deficiencies Common To A-3 Occupancies

- Lack of an approved fire suppression system to protect the ventilating hoods over kitchen cooking surfaces.
- Lack of a required 40 B.C. fire extinguisher for kitchen use.
- No indication of occupant limit. The limit must be posted in a conspicuous place near the main exit.
- The use of extension cords as a substitute for permanent wiring. Extension cords are permitted only for temporary use.
- Insufficient or inadequate exits:
 - At least two approved exits are required where the occupant load is 50 or more.
 - Exit doors must swing in the direction of departure.
 - Exit doors shall be openable, from the inside, without the use of a key or any special knowledge or effort. Exit doors shall not be locked, chained, bolted, latched or otherwise made unusable. All locking devices must be of an approved type.
 - Exit signs shall be installed at the required exit from the rooms, areas or where otherwise necessary to clearly indicate the direction of departure.
- Inadequate exit illumination. Exit illumination must be provided and maintained. Exits and exit signs must be provided with emergency power, and be maintained in an operable condition.

These are only the most commonly found deficiencies. Other deficiencies may be found during an inspection. For further information or assistance, please contact your local fire department fire prevention official or the Fire Prevention and Investigation Bureau at 444-2050.

Underground Storage Tanks

Montana Department of Environmental Quality

Notification for Underground Storage Tanks

Facility ID Number:

Contact the Department: (406) 444-5300 or via the internet at ustprogram@state.mt.us

INSTRUCTIONS

Please **type or print in ink** all items except "**signature**" in **Section IV**. This form must be completed for each location containing underground storage tanks.

TYPE OF NOTIFICATION

☐ A. NEW NOTIFICATION

☐ B. AMENDED

☐ C. CHANGE OF OWNER

GENERAL INFORMATION

Notification is required for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986.

Who Must Notify? Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM) require that, unless exempted, owners of underground tanks that store regulated substances must notify designated State and local agencies of the existence of their tanks.

Owner means -

(a) in the case of an underground storage tank in use on November 8, 1984 or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.

An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.

Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given for which false information is submitted. Criminal penalties may also apply.

I. OWNERSHIP OF TANKS

II. OPERATOR INFORMATION

Owner Name (Corporation, Individual, Public Agency, or Other Entity)		Operator Name	
Mailing Address		Operator Address	
PO Box	City	State	Zip
City	State	Zip Code	Phone Number
County			
Federal Tax ID #	() -	Phone Number	

III. LOCATION OF TANKS

Facility Name or Company site identifier, as applicable					Street address or physical location (PO Box not acceptable)		
Legal Description:					City	State	Zip
Township	N, S Range	E, W Section	1/4	1/4 Lot	County	Phone Number	

IV. CERTIFICATION

I certify under penalty of law that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's representative (PLEASE PRINT below)					SIGNATURE (below)		
Date Signed							